

D3413
-657
1931

AC.4474

LIBRARY
U. S. PUBLIC HEALTH SERVICE
WASHINGTON, D. C.



DUPLICATE
ARMED FORCES MEDICAL LIBRARY
COUNTY BOROUGH OF SOUTH SHIELDS.



WITHDRAWN
from
LIBRARY
NATIONAL INSTITUTES OF HEALTH

ANNUAL REPORT OF THE
SCHOOL MEDICAL OFFICER
FOR THE YEAR 1931.

W. CAMPBELL LYONS,
M.B., Ch., D.P.H.



LIBRARY
U. S. PUBLIC HEALTH SERVICE
WASHINGTON, D. C.


COUNTY BOROUGH OF SOUTH SHIELDS.



**ANNUAL REPORT OF THE
SCHOOL MEDICAL OFFICER
FOR THE YEAR 1931.**

W. CAMPBELL LYONS,
M.B., Ch., D.P.H.

LB 3413
.G6 S7
1931



Digitized by the Internet Archive
in 2018 with funding from
Wellcome Library

<https://archive.org/details/b30115851>

To the Chairman and Members of the Education Committee.

I have to submit my Annual Report as School Medical Officer for the ^{year} 1931.

The only alteration in the personnel of the School Medical Service was the addition of a part-time dental surgeon. Mr. J. L. Reid, L.D.S., began duty in January, 1931, and he devotes 11 sessions per fortnight to dental inspection and treatment. It had been decided to increase the assistant medical officers to two, by the appointment of a second full-time officer so as to allow Dr. Blair to devote her whole time to maternity and child welfare instead of half her time to the school medical service. On the grounds of economy, however, and as the appointment would involve certain additions to the clinics, the appointment was postponed. It is to be hoped that, as soon as possible, the services of an additional school medical officer will be obtained so that the service shall not suffer.

The work of the year was marked by progress especially in the examination of mentally defective children. 96 such examinations were made compared with 38 during 1930 ; but there are still no less than 300 children on the waiting list for certification or otherwise. Many of these examinations occupy about one and a half hours of the time of a medical officer, and it is very difficult, with other work always increasing, to find time to carry out these special examinations. It is very important that these feeble-minded children should be discovered and classified and where necessary certified if they are not only to obtain benefit from the education provided, but so that they may grow into useful citizens, or what is probably more important still, be prevented from becoming a menace to themselves and others.

I have again to mention a slight reduction in the number of cases of malnutrition found at school medical inspections. If there is a good deal of distress in the borough it is gratifying to know that, at all events, the children are not the worst sufferers.

There has been an increase in the work of the school dentists, and it may be possible to include another age-group of children for dental inspection and treatment in 1932. It is unfortunate that so many parents, when their attention is drawn to the defects in their children's teeth, neglect to have the necessary conservative treatment carried out. They fail to realise that by the time the tooth begins to ache it is very often too late to save it. There are indications, however, that many parents are taking more interest in their children's teeth.

All the cases of enlarged tonsils and adenoids who were on the waiting list for operation have now received the necessary treatment, and it is possible under the new arrangements to keep pace with the cases as they arise. No less than 374 cases received operative treatment in 1931, under the arrangements made by the Local Education Authority, as compared with 209 during the previous year.

With regard to the new arrangements for ultra-violet ray treatment at Harton Hospital, 50 school children were exposed to the rays with benefit to the majority. The only drawback is the distance [some of the children have to travel, and on this account some of them do not attend for a period long enough to ensure the best results.

Town Hall,
South Shields.
March 1932.

W. CAMPBELL LYONS,
SCHOOL MEDICAL OFFICER.

School Medical Service.

Annual Report of the School Medical Officer.

STAFF.

Principal School Medical Officer—W. Campbell Lyons, M.B.,
and Medical Officer of Health Ch.B., D.P.H.

Assistant School Medical Officers—H. Levy, M.B., B.S.
Dorothy O. S. Blair, M.B., B.S.*

School Dental Surgeons —F. Innes, L.D.S.
J. Loudon Reid, L.D.S.—(part
time).

Ophthalmic Surgeon —T. Gowans, M.B., Ch.B.,—(part
time).

Operating Surgeon—(nose and
throat) —Robert Crosby, M.B., B.S.,
M.R.C.S.

There are 11 Health Visitors whose combined duties include school medical service, tuberculosis and maternity and child welfare work, etc.; the time devoted to the school medical service is equivalent to that of four school nurses.

* Dr. Blair devotes half her time to Maternity and Child Welfare.

CO-ORDINATION.

(a) There is complete co-ordination between the School Medical and Infant and Child Welfare Services. Both are under the same administration and the duties of both are carried out by the same staff. Clinics for both services are held in the same building. All records are readily available and the clerical work is carried out by the staff of the Public Health Department.

(b) There are no nursery schools in the Borough.

(c) Children under one year and to a lesser extent those between 1 and 5 years are supervised by the maternity and child welfare medical officer and health visitors.

The following are the reports made to me by the Assistant School Medical Officers, the School Dentists and the Consulting Ophthalmologist. They include reports on the work of the Myope and Open-Air Schools.

(A.) THE SCHOOL MEDICAL SERVICE IN RELATION TO PUBLIC ELEMENTARY SCHOOLS.

Number of children on the registers at the end of 1931 ..	21,116
Average attendance for the year (92.1 per cent.)	19,475
Number of elementary schools	25
Number of departments	57

School Hygiene.

On their visits of inspection the school medical officers pay particular attention to the sanitation of the schools. Any defect is reported and remedied. In most of the schools, ventilation, lighting, warming and sanitary equipment are adequate but in one or two of the older schools such equipment, while answering the purpose well enough, cannot be expected to come up to the standard of the schools which were built in more recent years. The classrooms and cloakrooms are well kept. As the schools are within easy reach of the homes of the children there is little or no necessity for arrangements for the warming-up of meals.

Medical Inspection.

(1). ROUTINE MEDICAL INSPECTIONS.

The number of children examined during 1931 is as follows :—

(a) Entrants (ages 5—6)	2,624
(b) Intermediates (ages 8—9)	1,857
(c) Leavers (ages 12—13)	1,940
	<hr/>
Total	6,421
	<hr/>

As indicated in last year's report the infant departments were inspected during the summer months. Nearly 400 more entrants were examined than in 1930.

(2.) OTHER INSPECTIONS.

Number of special inspections	5,331
Number of re-inspections	10,724
	<hr/>
Total	16,005
	<hr/>

Special inspections include those children who have been sent to the clinic for examination by attendance officers, head teachers, private practitioners or medical officers. It has been noticed that a number of parents now bring their children for examination by

the school doctors on their own initiative, striking evidence of the usefulness and popularity of these clinics. If the children are examined or treated subsequently they are classed as re-inspections. The figures, while not quite so large as those of the previous year, are still high. On many occasions the waiting room accommodation was severely taxed, the number attending one session being frequently 200 or more.

Findings of Medical Inspection.

It is satisfactory to note that fewer cases of malnutrition were found among the elementary school children. The percentage for 1931 was 4.0 as against 5.4 per cent. for the previous year.

UNCLEANLINESS.—Cleanliness surveys were again carried out by the school nurses. The total number of children examined was 26,078. It was found that one child in every twelve examined was dirty or had nits or vermin on person or clothing.

This is an unfavourable comparison with the findings of 1930, when one in every fourteen was found unclean. An analysis of the figures showed that while the proportion of uncleanliness in the girls, mixed schools and infant departments varied from 8 to 10 per cent., the figure in the boys' schools was below 4.0 per cent. Two departments showed a 100 per cent. cleanliness and several others only a very small proportion of uncleanliness. It is evident that there is less cause for discouragement than the actual figures indicate.

MINOR AILMENTS.—Classed under this heading are such conditions as sores, cuts, bruises, chilblains, warts, etc.

TONSILS AND ADENOIDS.—At routine inspections there was a decrease in the number of children found to be affected with adenoids only, but the other abnormalities of the throat and nose showed an increase on the previous year's figures.

Enlarged tonsils	1,354
Enlarged tonsils and adenoids	496
Adenoids only	64

TUBERCULOSIS.—During 1931, 53 children were referred by the School Medical Officers for examination by the Tuberculosis Officer compared with 41 in the previous year. 22 of these children were found to be suffering from tuberculosis, while 9 others were kept under observation.

The following shows the incidence of tuberculosis among children of school age as revealed in the notifications received by the medical officer of health.

Cases of Tuberculosis Notified.

AGE.	1931.		1930.	
	Pulmonary		Pulmonary.	
	Boys.	Girls.	Boys.	Girls.
5—10 years	6	7	13	16
10—15 years	7	8	6	12
Total	28		47	
	Non-pulmonary.		Non-pulmonary.	
	Boys.	Girls.	Boys.	Girls.
5—10 years	22	23	18	16
10—15 years	17	16	19	16
Total	78		69	

It will be seen that while the number of cases of non-pulmonary tuberculosis has increased, there is a decided reduction in the number of children affected with pulmonary tuberculosis.

SKIN DISEASES.—The number of children observed to be suffering from skin affections was still high. As in previous years impetigo, scabies and ringworm were the commonest conditions encountered.

EXTERNAL EYE CONDITIONS.—Cases of conjunctivitis, blepharitis and corneal ulcer were again observed frequently. As was the case in the previous year conjunctivitis was prevalent. 370 such cases were seen, either at routine or special inspections, which was 53 less than in 1930.

VISUAL DEFECTS.—There were 642 cases of defective vision and 127 cases of squint referred for further examinations, either as a result of routine or special inspections.

EAR DISEASES AND HEARING.—286 children were found to have defective hearing; 175 children suffered from otitis media, and 104 cases of other ear diseases were discovered.

DENTAL DEFECTS.—The number of children at routine medical inspections found to have dental defects was greater than in 1930. In 1931 there were 3,696 out of 6,421 examined or 57.5 per cent. The percentage for 1930 was 55. The findings of the school dentist are referred to later in this report.

CRIPPLING DEFECTS.—(excluding active tuberculosis)—There are 55 crippled children in the borough. Of these 3 are in residential schools for crippled children and the remainder attend elementary schools.

In the opinion of the school medical officers none of the crippled children who are at elementary schools should be receiving special school education.

PREVIOUS INFECTIOUS DISEASES.—From information given by the parents, it was estimated that of the children examined at routine medical inspections during 1931 :—

53.2	per cent.	of the children	had previously	had	measles.
21.5	„	„	„	„	„ whooping cough.
15.5	„	„	„	„	„ chickenpox.
2.0	„	„	„	„	„ scarlet fever.
0.5	„	„	„	„	„ diphtheria.

VACCINATION.—The percentage of children found to be unvaccinated was 49 in 1931. For previous years the percentages were :—

In 1922.....	40	per cent.
„ 1923.....	44	„
„ 1924.....	45	„
„ 1925.....	49	„
„ 1926.....	46	„
„ 1927.....	47	„
„ 1928.....	53	„
„ 1929.....	45	„
„ 1930.....	33	„

INFECTIOUS DISEASES.—Chickenpox was prevalent in January, and from October to December, and whooping cough in the first quarter of the year. Measles became epidemic in April and May among the children in certain infant departments, with a slight recurrence in August. Influenza and “colds” were extensively prevalent in January, and to a less extent in February, November and December. Six cases of epidemic cerebro-spinal meningitis in school children were notified to the medical officer of health.

The incidence of scarlet fever and diphtheria was extremely low.

On no occasion was it necessary to resort to school closure on account of infectious disease, and no certificates were given by the school medical officer under the Board's Attendance Instructions, regarding decrease in attendance to below 60 per cent. at any school for any week during the year.

Medical Treatment.

5,830 children attended the general clinic making a total of 22,527 attendances. 3,675 children were treated. The following is a summary of the conditions treated :—

MINOR AILMENTS.—Such conditions as cuts, bruises, sores, chilblains and warts are referred to under this heading. Treatment usually consists of advice, dressings or applications. 31 cases of warts were successfully treated.

TONSILS AND ADENOIDS.—A larger number than usual were treated for affections of the throat and nose. During 1931, 374 children, as against 209 the previous year, received operative treatment under the Authority's scheme. The cases were treated in Harton Hospital, the children remaining in the hospital for two days after the operation. In a few instances children were detained in hospital for a longer period on account of complications; none of these fortunately were of a very serious nature, and every case made a complete recovery.

In addition 55 children were submitted to operation by other surgeons, and 141 children received treatment other than operation for diseases of the throat and nose.

SKIN DISEASES.—The number of children who received treatment at the clinic for skin diseases was as follows :—

Impetigo	615
Ringworm (scalp)	162
(body)	18
Scabies	109
Molluscum contagiosum	14
Others	309

With the notable exception of ringworm of the scalp the number of skin affections show a decrease on the previous year's findings. There was no change made in the methods of treatment as outlined in previous reports, local applications being again used with advantage.

EXTERNAL EYE DISEASES.—Many cases of conjunctivitis and blepharitis were dealt with, a number of children with the former condition requiring careful daily treatment with silver or zinc

preparations for two or three weeks. Several children affected with ulceration of the cornea also attended the clinic for treatment. This condition is generally found in a debilitated child, so that as well as the local therapy, a nourishing diet and careful supervision is indicated. Thanks to the co-operation of the Consulting Oculist, the necessary in-patient treatment was arranged in certain instances where the children came from poor homes.

VISION.—516 cases were submitted to refraction by the school medical officer and one was known to have been treated privately. Spectacles were prescribed in 495 of the cases examined, the number supplied through the Education Authority's scheme being 480. Of these 313 were given free and the remainder at cost prices. One child obtained glasses privately. The incidence of refractive errors found was :—

Hypermetropia	29.6 per cent.
Myopia	7.4 „
Simple hypermetropic astigmatism	7.0 „
Simple myopic astigmatism	3.5 „
Compound hypermetropic astigmatism ..	36.4 „
Compound myopic astigmatism	13.2 „
Mixed astigmatism	2.9 „

As a result of these eye examinations seven children were certified as suitable for a school for the partially blind and were transferred to the myope school.

EAR DISEASES.—Middle-ear disease was the main condition treated. Several cases of impacted wax and affections of the external ear also received attention.

DENTAL DEFECTS.—The report of the School Dental Surgeon, Mr. F. Innes, L.D.S., on the work of the past year is as follows :—

“ During the year 1931, all children attending the elementary schools in the age groups 5 to 10 years, and all children attending the Open-Air and Myope Schools, irrespective of age, have been inspected, and, where the necessary consent was obtained, were treated at the dental clinic. Some schools (comprising a total of approximately 3,000 children) were inspected twice during the course of the year and this fact has had the effect of lowering the percentage of children treated.

Out of a total of 14,213 children examined, 10,035 (or 70.6 per cent.), required dental treatment, and of this number, 3,098 (or 30.8 per cent.), were actually treated at the clinic. A number were also treated by their own dentist. In addition 668 children of the

5 to 10 age groups were treated as "specials" and in most of these cases the children were inspected at the routine dental inspection, but the forms were either returned unsigned or had been ignored by the parents. A request was afterwards made for treatment when the need was obvious.

As I suggested in my last report, I think it is now time to put into operation the scheme whereby the parents' refusal of consent to treatment after a dental inspection will result in the refusal of any dental treatment until after the next routine inspection. This has been tried at other places, and has resulted in an increase in the number of "acceptances." A note to this effect should be added to the forms given out at the inspections.

In addition to the children treated in the age groups 5 to 10 years, 575 were dealt with as "specials" outside those ages, consisting of 47 children below 5 years and 528 over 10 years.

As a rule extractions were accomplished under a local anaesthetic but in 80 cases a general anaesthetic was employed.

I regret to say that a great many parents are still apathetic and do not trouble about treatment until the need is urgent. On the other hand it is pleasing to report that some parents are keenly interested in their children's teeth and desire information on certain points which have been noticed by them. The number of broken appointments is also gradually diminishing, and when appointments are broken we are often notified as to the cause and a fresh appointment requested.

A number of cases of irregularity of the teeth have been treated by extraction and it is gratifying to be able to report that in many cases the parents have brought the children up to the clinic for examination on observing an abnormal condition of the mouth.

Slight irregularities due to the prolonged retention of the deciduous teeth are met with periodically; these are easily remedied by the extraction of the offending teeth.

On the whole the majority of the mouths are clean and the teeth in fairly good condition, but there are still far too many parents who regularly ignore the forms given to them at routine inspections. As a consequence of this neglect some mouths are in a comparatively bad condition and I think it might be advantageous to follow up some of these cases and point out the danger of continued neglect.

I am pleased to say that some of the head teachers are taking a keen interest in the care of the teeth and I hope with their co-operation to materially increase the number of "acceptances" during 1932.

Some of the leaflets issued by the Dental Board are exceedingly useful for propaganda purposes and are being distributed at the clinic and the various schools visited. The remainder of the dental plaques from the same source were awarded during the course of the year to the children in the infant schools with the best-cared-for mouths.

Over 1,100 tooth-brushes have been sold at the clinic during the past year, and in many cases the child has not had a brush previously, the purchase usually being made after a little talk with the parent on the care of teeth.

For the year 1932, I intend to take in another age-group and this will mean that all children from 5 to 11 years inclusive will be examined at the dental inspections."

CRIPPLING DEFECTS.—During 1931, 20 children with deformities were referred under the Authority's scheme to the orthopaedic department at the local general hospital. The following is a short description of the cases and the treatment adopted.

There were 8 cases with deformities following rickets. Operation was advised in every case but sanction to this was refused by the parents in three instances.

Two were cases of torticollis (wry-neck) and were cured by operation.

There were five cases of paralysis. Three were the result of polio-myelitis; one was a sequel to influenza and measles and the other followed an injury to the shoulder. These children attended the out-patient department for massage and electric treatment.

Two children with cleft palates were also examined by the orthopaedic surgeon. The parent of one declined treatment, and the other was submitted to two operations.

The remainder were cases of coxa vara, congenital contraction of fingers and congenital flatfoot. These children are still attending for massage and electric therapy, operation having been performed on the two children with congenital deformities with excellent result.

Besides the above, 13 other cases, remaining under treatment from 1930, were also dealt with, a total of 33 cases, 28 of whom actually received treatment. The parents of the remaining five have not yet consented to the necessary treatment.

A total of 17 operations were performed; the children made 940 attendances as out-patients and one X-Ray photograph was taken. 1,209 in-patient days were spent by the patients admitted to hospital for operation. It will be realised that much important and useful work has been done in this branch of the school medical service, the results of which, on the whole, are very satisfactory.

ULTRA-VIOLET RAY THERAPY.—This treatment has been carried out in Harton Hospital for the past two years, and it is now possible to give some report as to its efficacy. The apparatus is of up-to-date pattern and is rendering excellent service. The treatment room and adjoining dressing rooms have been well chosen and the operator and nurses in attendance have carried out their duties in a capable manner. One obvious disadvantage must be mentioned. The situation of the hospital is such that many of the patients have to make a long tram journey in order to reach the treatment centre. As a rule two visits each week are necessary. When it is remembered that many of the parents are in poor circumstances the economic question cannot be ignored. It is not surprising therefore that 23 patients ceased attending before being cured or even improved. In all, 50 children received this form of treatment, 13 of whom were referred by the school medical officer, 11 being cases of rickets and 2 of lupus. The other 37 children were referred by the tuberculosis officer and included 14 cases of tuberculosis of the skin, 11 cases of tuberculous adenitis, 9 cases of abdominal tuberculosis, 2 cases of debility, and one case of chronic ulceration.

Of the 27 children who have attended regularly, 6 were reported as progressing favourably, 8 as definitely improved and 2 as cured. Three were regarded as stationary and in 8 of the cases the definite value of this treatment could not be assessed as the patients had only been in attendance for short periods.

Including the cases referred by the tuberculosis officer, school children made a total of approximately 1,400 attendances at Harton Hospital for "sunlight" treatment during the year.

That the ultra violet ray is of decided value in the treatment of certain skin affections and rickets cannot be denied. One of the patients debilitated with severe rickets, within a period of 14 months and after 99 exposures was shown to have almost a complete

absence of this deformity, as verified by X-Ray photography. The majority of the cases of lupus begin to heal after 6 months treatment and in practically every case the general condition is benefitted as a result of this form of treatment.

OTHER DEFECTS.—The other defects which were treated are summarized below :—

Disease or Defect.	No. of Defects treated.		
	Under the Authority's Scheme.	Other-wise.	Total.
Lung disease (not tuberculous)	652	..	652
Anaemia and debility	555	..	555
Acute infectious diseases	16	1	17
Enlarged glands	83	..	83
Enteritis	22	..	22
Gastritis	1	..	1
Rheumatism	53	..	53
Diseases of nervous system	29	..	29
Other defects and diseases	335	1	336
Total	1,746	2	1,748

FOLLOWING UP.—The Health Visitors paid 566 visits to the homes of school children for the purpose of ascertaining whether the necessary treatment was being obtained ; 151 visits in connection with uncleanliness ; 543 after surgical treatment ; 92 after dental operations ; 44 in connection with orthopaedic cases ; 212 regarding mentally defective children and 49 visits for other miscellaneous purposes in connection with the school medical service. In addition 502 similar visits were paid to the schools ; 126 visits to schools for routine medical inspection purposes and 282 visits to schools regarding cleanliness surveys. This in addition to the visits paid to the homes in connection with tuberculosis, infant welfare and infectious diseases.

The Health Visitors attended a total of 442 sessions at general school clinics ; 311 sessions at dental clinics and 88 sessions at eye refraction clinics, apart from the attendances at child welfare and tuberculosis clinics.

TREATMENT OF UNCLEANLINESS.—The work of the school nurses in cleanliness surveys is summarised in Table 4, Group V. Notices under Section 87 of the Education Act, 1931, were served on the parents of three children regarding verminous conditions. In no case was it necessary for compulsory cleansing to be done at the Authority's cleansing station. The school nurses made 151 special visits to the homes of unclean children.

PROVISION OF MEALS.—There was an increase in the number of free meals provided. 741 children were provided with free meals (dinner) at four centres, the cost being £2,678 2s. 6d. The total number of free meals given in 1931 was 128,550. In 1930 the number was 95,341.

SCHOOL BATHS.—At one of the elementary schools bathing arrangements are provided, and at the High School shower baths have been installed for use after games.

During the year, school children made 57,408 attendances at the Derby Street Public Baths (boys 43,980 and girls 13,428) under the Education Authority's Instructors.

CO-OPERATION OF PARENTS.—Parents were present in 73 per cent. of the medical inspections at routine medical examinations. There were 30 objections to medical examination, 28 of which were from secondary schools. On the whole parents procured attention promptly on the defect being pointed out.

The following is a statement of the amounts contributed by parents at the various clinics in accordance with the scale of charges approved by the Board of Education :—

	£	s.	d.
Eye Clinic	19	3	0
Surgical Clinic	33	3	0
Dental Clinic	121	8	3
General Clinic	15	19	3
	<hr/>		
	£189	13	6
	<hr/>		

In 1930 the total amount was £153 0s. 7d.

CO-OPERATION OF TEACHERS AND ATTENDANCE OFFICERS.—The teachers give valuable help to the school medical service, not only in facilitating routine medical inspection and cleanliness surveys but in calling the attention of the school medical officers and nurses to children who are ill or abnormal. The attendance officers, while not actively engaged in work connected with the school medical service are in daily touch with the department and bring many cases to the notice of the school medical officers. The Superintendent Attendance Officer assists in dealing with mentally and physically defective children who might not otherwise receive appropriate treatment. The assistance of both teachers and attendance officers is much appreciated.

Co-operation of Voluntary Bodies.

SHOELESS CHILDREN FUND.—The honorary secretary, Chief Constable Wilkie, informs me that 4,501 children were supplied with boots and stockings during 1931.

POOR CHILDREN'S HOLIDAY ASSOCIATION.—Through this organisation 40 children were given the benefit of a holiday in the country.

(B.) BLIND, DEAF, AND DEFECTIVE CHILDREN.

Ascertainment is achieved through the agency of parents, teachers, medical practitioners, health visitors, school attendance officers and others. Every mentally defective child not in a special school is visited periodically by a health visitor, and a record is kept of the condition of the child at each visit. By this means a child can be sent to a special school as a vacancy occurs, or special effort can be made to obtain admission to a special school should the child's condition become worse.

These exceptional children are referred to in Table 3—the Board of Education's Form 8 c.M.

Considerable progress was made during the year in the certification of mentally defectives : 96 such special examinations were made and are classified as follows :—

	Boys	Girls	Total.
Dull or Backward	24	26	50
Not definite (under observation).....	1	..	1
Feeble-minded :—			
For special day schools	11	6	17
For special residential schools	15	5	20
Ineducable	1	1	2
Moral Defective	1	..	1
Imbecile .....	..	3	3
Idiot.....	2	..	2
Total	55	41	96

There were notified to the Local Control Authority during the year (including cases diagnosed in 1930) 3 idiots, 3 imbeciles, 1 moral defective and 3 feeble-minded children who were incapable of receiving benefit or further benefit from instruction in special schools. One of the feeble-minded children was so certified after a period of instruction in a special school.

At the end of the year there were 68 mentally defective children subject to the control of the Education Authority of whom 6 were at a certified school for mentally defective children; 52 were attending public elementary schools; 1 was at an institution, and 9 were at no school or institution, including one child who in addition to being mentally defective is also epileptic. The number of children awaiting examination as to their mental capacity is 300; 40 of these have left school. It is obvious that this class of child, with the improved means of ascertainment will become an even bigger problem to the Authority. Besides the 62 educable mentally defective children for whom as yet no proper provision has been made, 86 children already certified "Dull or Backward" are attending elementary schools. It should be pointed out that many of these children besides being an anxiety to their teacher, are a hindrance to the normal work of their class. In the event of a special school for mentally defectives being impracticable at present it is suggested that these children be systematically accommodated in special classes at ordinary elementary schools situated at different parts of the borough so as to serve each group of schools.

Some such classes are already in use and are made up of certified mentally defective, dull and backward children and others who are educationally retarded usually on account of long absences. The special class in Laygate Lane Boys' School has been in existence for two years and is worthy of description. The number in attendance is limited to a maximum of 30 and as far as possible individual tuition is aimed at. A special scheme of handwork is adopted, and the reading and spelling lessons are of very simple character. Modified instruction in pastel and pencil drawing of simple objects is given. This sound curriculum is completed with music and physical exercises. Within the two years it has been possible to promote 10 of the boys to the normal standards. An advantage of this form of education is that the children are taught without bearing the stigma of belonging to a so-called "silly" school.

There are also a number of stammerers in attendance at the schools for whom it has been suggested some provision should have been made. The number found to have this speech defect during the inspections was 16 in 1930 and 18 in 1931. The proposal to form such a class is worthy of earnest consideration.

MYOPE SCHOOL.—After the mid-summer holiday this school was transferred to Cleadon Park in the vicinity of the Open Air School. The new buildings consist of three class-rooms with the necessary cloakroom accommodation, and a head teacher's room.

With the exception of the midday rest and the weekly bathing, the regime laid down for the Open Air School is carried out.

Amongst other things each scholar has his own cup, tooth-brush, hair brush and towel, and strict attention is paid to the hygiene of the mouth and general cleanliness.

The walls of the class-rooms consist of folding partitions, the panes of which are made of "vita" glass. These partitions can be thrown open on the less exposed side, so whatever the weather the children are taught practically in the open air. The scholars have also the use of a shed for play or exercise in inclement weather. The feeding and travelling arrangements are provided for in conjunction with the open-air school children.

There is accommodation for 75 children but the number in attendance at the end of 1931 was 59. 25 of these were highly myopic, 8 were affected with nystagmus, 3 were suffering as a result of ophthalmia neonatorum, 6 were handicapped in consequence of cataracts and in 8 children the vision was obscured by opacities following corneal inflammation. There were also 2 cases of coloboma of the choroid and iris, 2 cases of ptosis, 2 cases of choroidal atrophy and the remaining 3 children were affected with optic atrophy, buphthalmos and conical cornea. 55 of the scholars were examined by Mr. Gowans. In four, the vision was observed to be markedly improved. One boy was declared suitable for and transferred to his ordinary school. Glasses were prescribed or changed in 21 cases.

The Consulting Oculist reports as follows :—

"It was with great interest that I made my inspection at the new Myope School which has been recently completed at Cleadon. Even in the short time the school has been opened one can readily detect a marked improvement in the physique of the children. I was much impressed by the general 'lay-out' of the buildings and the thorough way that attention is given to each individual child. The inculcating of ideas of personal cleanliness, the excellent mid-day dinner and the rules of alternate rest and work will, I am sure, have a great effect on the welfare of these children. The school appears to me to be run on sound and economical grounds, and I feel sure that the result will ultimately be an economy to the community because you are going to turn weak and obviously unemployable young people into strong and healthy youths of both sexes fit to fight their own battles. To use a war-time expression, you are converting C3 categories into almost an A1 type:

I would like again to draw to your attention the excellent work done by Mrs. Sinclair for the children of the Myope School and also the skilled refraction work of Dr. Levy."

OPEN-AIR SCHOOL.—During the year the arrangements were completed for extending this school. There were erected two new classrooms and cloak rooms, an extra rest shed, and a new treatment room. The existing conveniences were extended. Additions were also made to the kitchen and the necessary extra apparatus and utensils provided. By this means the accommodation was increased from 110 to 176 pupils, the additional children being transferred from the ordinary day schools. The new premises together with the Myope School were formally opened by the Mayor, Councillor C. A. Henderson, M.B.E., J.P. in September, 1931.

The present staff consists of one head teacher and four assistant teachers. The children are divided into 4 classes each with a maximum of 44 pupils. As no teaching is done in the rest sheds or dining hall, arrangements for rest and meals are carried out without interrupting the teaching curriculum. The average attendance for the year was 120.6, the percentage average attendance being 87.32. This figure, considering the health of the pupils, may be regarded as very satisfactory. Cases of infectious disease, as is to be expected, have always been very few at the school. One case of diphtheria occurred during the year. Following the usual precautions every member of the class was submitted to a swabbing of the throat. This procedure revealed one of the children, a girl, to be a carrier of the disease. She was promptly excluded from the school and appropriate treatment adopted. Only after repeated bacteriological examination had shown her throat to be normal was she permitted to return. During 1931 there were admitted to this school 101 children. The following is a summary of their defects :—

Anaemia	27
Debility or malnutrition	22
Rickets	1
Healed or latent tuberculosis	6
Convalescent after chorea or rheumatism	5
Chronic eye affections	4
Old empyema	1
Bronchitis	34
Post-encephalitis lethargica	1

During the year 24 children left the school. 17 of these were certified as fit for discharge; of the others, 1 was discharged on account of unsatisfactory attendance, 3 left the district, 2 were

admitted into home or hospital and 1 died. Of those found suitable for discharge 6 gained over 30 lbs. in weight, 2 gained from 20 to 29 lbs., 6 from 10 to 19 lbs., and 3 from 6 to 9 lbs. Five children had been at the school for 6 years or more, 5 were there from 3 to 5 years, 2 were in attendance from 2 to 3 years, 2 from 1 to 2 years and 3 for short periods varying from 5 months. This represents for an average stay of 40 months an average gain per child of 23.6 lbs., the estimated annual average gain being 7 lbs.

The following is a table of similar results for the previous 4 years :—

	1927	1928	1929	1930	1931
No. of children certified fit for discharge	34	35	24	28	24
Average gain per child (in lbs.)	14.9	16.7	23.0	19.0	23.6
Average stay per child (in months)..	19.6	22.8	32.0	30.2	40.0
Estimated annual average gain (in lbs.)	9.12	8.76	9.00	7.50	7.00

It would be of value to know to what extent permanent results have been obtained. It must be remembered that as many go back to poor homes with unsatisfactory surroundings some return of their former disability might be expected. It has been possible to obtain definite information regarding 97 of the old boys and girls, and in 72 of these the after histories may be regarded as satisfactory. Concerning the 25 with unsatisfactory records 15 have died and 10 have shown evidences of ill health. In the case of those who have done well, 22 have obtained regular employment, 31 are not working though in good health and 19 are making good progress at the ordinary schools. This undoubtedly shows that in the majority of cases the improvement in health has been maintained and one is justified in believing that every year this school turns out healthy, normal children who are capable of becoming useful citizens.

(C.) SECONDARY SCHOOLS.

Number of Secondary Schools	2
viz. :—Westoe Secondary School (mixed), and the High School (for boys only).	
Both are provided by the Education Authority.	
Number of pupils on the register at end of 1931	868
Average attendance	779

The medical inspections again showed the pupils to have a high standard of health and nutrition.

As in previous years the main defects requiring treatment were dental caries and defective vision. It is interesting to note that out of 13 cases of colour blindness discovered, all were found in boys, although 282 girls were examined.

Both schools are visited annually for the purpose of medical inspection. At the Secondary School all the pupils are examined each year. At the High School, which has a preparatory department, the scholars are examined on entrance and again every year after they have reached the age of 12. As these schools are visited by the school medical officers during the Autumn, practically all the entrants are examined in their first term. Arrangements for following-up the defects noted are precisely the same as for the elementary schools. The Secondary and High School pupils are usually referred to their own medical practitioners when any treatment is necessary. All forms of clinic treatment are available, however, should their parents desire. The charges are arranged according to the same scale of income approved by the Board for the elementary school children.

Payment for treatment is usually made at each attendance or in the case of tonsils and adenoids, to the health visitor at her first visit after the operation.

Details of the physical defects found in the scholars at the two higher schools are given in the Tables at the end of this report.

(D.) MISCELLANEOUS.

Examination of Candidates for H.M. Forces.

9 boys, candidates for artificers for the Royal Air Force, were examined. Two were regarded as unsuitable for nomination ; in one vision was below the required standard, and the other boy was handicapped by defective hearing.

Examination of Pupil Teachers and Scholarship Candidates.

55 pupil teachers and bursar candidates were medically examined. Eight were found to have defective vision ; 27 required dental treatment ; in one case hearing was defective, and 13 were unvaccinated.

51 scholarship candidates were also inspected, the defects observed being :—

Carious teeth	30
Defective vision	7
Enlarged tonsils and adenoids	6

In all cases where necessary the parents were advised concerning the treatment.

Examination for the Stage.

Ten children requiring certificates for the stage were examined. In every case the necessary permission was granted according to the requirements of the Board of Education.

Deaths of School Children.

The following is a statement of the causes of death during 1931 in children of school age :—

CAUSE OF DEATH.	Boys.		Girls.		Total.
	5-9 years.	10-14 years.	5-9 years.	10-14 years.	
Measles	5	..	1	..	6
Whooping cough	1	..	..	..	1
Influenza	2	1	1	..	4
Poliomyelitis .....	..	1	..	..	1
Cerebro spinal meningitis.....	1	..	1	1	3
Pulmonary tuberculosis	2	4	1	8	15
Tuberculous meningitis	4	2	3	..	9
Other tuberculous disease	1	1	..	2	4
Toxaemia (undefined) .....	..	1	..	..	1
Cerebral abscess .....	..	..	1	..	1
Meningitis	2	..	..	..	2
Chorea .....	..	..	..	1	1
Valvular disease of heart	1	2	..	2	5
Other heart diseases .....	..	1	..	1	2
Bronchitis	1	..	..	..	1
Pneumonia	3	2	2	1	8
Tonsillitis .....	..	1	..	..	1
Gastric ulcer .....	..	1	..	..	1
Gastritis	1	..	..	1	2
Enteritis .....	..	..	1	..	1
Appendicitis .....	..	2	..	..	2
Intestinal obstruction .....	..	..	1	..	1
Nephritis	1	2	2	..	5
Urinary calculus.....	1	..	..	..	1
Congenital hydrocephalus.....	1	..	..	..	1
Injury by fall .....	..	1	..	..	1
Injury by road accidents	3	..	..	..	3
Total	30	22	14	17	83

ELEMENTARY AND HIGHER SCHOOLS.

**TABLE 1.—RETURN OF MEDICAL INSPECTIONS DURING
THE YEAR ENDED 31st DECEMBER, 1931.**

A.—ROUTINE MEDICAL INSPECTIONS.

	<i>Elementary.</i>	<i>Higher.</i>
Number of Code Group Inspections :—		
Entrants	2,624	..
Intermediates	1,857	687
Leavers	1,940	..
	<hr/>	<hr/>
Total	6,421	687
	<hr/>	<hr/>

Number of other Routine Inspections :—
--	----	----

B.—OTHER INSPECTIONS.

Number of Special Inspections	5,331	6
Number of Re-Inspections.....	10,724	2
	<hr/>	<hr/>
Total.....	16,055	8
	<hr/>	<hr/>

ELEMENTARY AND HIGHER SCHOOLS.

TABLE 2—(A.) RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31st DECEMBER, 1931.

Defect or Disease.		Routine Inspections.		Special Inspections.	
		No. of defects.		No. of defects.	
		Re- quiring treat- ment.	Requiring to be kept under ob- servation but not requiring treatment.	Re- quiring treat- ment.	Requiring to be kept under ob- servation but not requiring treatment.
		El. Hr.	El. Hr.	El. Hr.	El. Hr.
Skin.	Malnutrition	4 ..	252 ..	2 ..	.. ..
	Uncleanliness .....	.. ..	55 ..	.. ..	.. ..
	Ringworm :—				
	Scalp	3 ..	.. ..	161 ..	.. ..
	Body	1 ..	.. ..	18 ..	.. ..
	Scabies	10 ..	.. ..	97 ..	.. ..
	Impetigo	24 1	5 ..	613 ..	.. ..
Eye.	Other diseases (non- tuberculous)	26 1	53 8	406 ..	.. ..
	Blepharitis	21 ..	48 ..	152 ..	.. ..
	Conjunctivitis	7 ..	14 ..	349 ..	.. ..
	Keratitis .....	.. ..	.. ..	.. ..	.. ..
	Corneal opacities .....	.. ..	.. ..	.. ..	.. ..
	Defective vision (ex- cluding squint) ..	382 57	866 164	260 1	.. ..
	Squint	94 ..	81 3	33 ..	.. ..
Ear.	Other conditions	4 ..	20 ..	8 ..	.. ..
	Defective hearing ..	2 ..	280 10	4 1	.. ..
	Otitis media	14 1	48 1	113 ..	.. ..
Nose and Throat	Other ear diseases ..	28 ..	10 3	66 ..	.. ..
	Enlarged tonsils only	100 8	1,254 81	8 ..	.. ..
	Adenoids only	12 ..	52 ..	1 ..	.. ..
	Enlarged tonsils and adenoids	429 ..	67 5	167 1	.. ..
Teeth.	Other conditions	2 ..	133 3	142 ..	.. ..
	Enlarged cervical glands (non- tuberculous)	1 ..	565 3	81 ..	.. ..
	Defective speech .....	.. ..	102 5	.. ..	.. ..
	Dental diseases	223 17	3,473 244	580 ..	.. ..

TABLE 2 (A.)—CONTINUED.

Defect or Disease.		Routine Inspections		Special Inspections.	
		No. of defects.		No. of defects.	
		Re- quiring treat- ment.	Requiring to be kept under ob- servation but not requiring treatment.	Re- quiring treat- ment.	Requiring to be kept under ob- servation but not requiring treatment.
		El. Hr.	El. Hr.	El. Hr.	El. Hr.
Heart and Circu- lation	Heart disease :—				
	Organic	2 ..	22 2	4 ..	.. ..
	Functional	1 ..	55 3	1 ..	.. ..
	Anaemia	37 ..	323 6	535 1	.. ..
Lungs.	Bronchitis	31 ..	622 10	607 1	.. ..
	Other non-tuberculous diseases	1 ..	.. ..	29 ..	.. ..
Tuber- culosis.	Pulmonary :—				
	Definite .....	.. ..	4 ..	.. ..	.. ..
	Suspected	3 ..	.. ..	28 ..	.. ..
	Non-pulmonary :—				
	Glands.....	.. ..	3 ..	.. ..	.. ..
	Spine .....	.. ..	.. ..	.. ..	.. ..
	Hip .....	.. ..	1 ..	.. ..	.. ..
	Other bones and joints .....	.. ..	.. ..	1 ..	.. ..
	Skin	1 ..	4 ..	.. ..	.. ..
	Other forms .....	.. ..	.. ..	2 ..	.. ..
Nervous System.	Epilepsy .....	.. ..	3 ..	4 ..	.. ..
	Chorea.....	3 ..	2 ..	20 ..	.. ..
	Other conditions ..	.. ..	1 4	4 ..	.. ..
Deform- ities.	Rickets	16 ..	28 ..	.. ..	.. ..
	Spinal curvature .....	.. ..	.. ..	2 ..	.. ..
	Other forms	2 ..	25 ..	2 ..	.. ..
Other defects and diseases		38 ..	50 19	454 ..	.. ..

TABLE 2.—(B.) NUMBER OF INDIVIDUAL CHILDREN FOUND AT ROUTINE MEDICAL INSPECTIONS TO REQUIRE TREATMENT (excluding uncleanness and dental diseases.)

GROUP.	Number of Children.				Percentage of children found to require treatment.	
	Inspected.		Found to require treatment.			
	El.	Hr.	El.	Hr.	El.	Hr.
Code Groups :						
Entrants	2,624	..	507	..	19.3	..
Intermediates	1,857	..	309	..	16.6	..
Leavers	1,940	..	426	..	22.0	..
Total (Code Groups)	6,421	687	1,242	60	19.3	8.7
Other routine inspections ....	..	..	..	..	..	..

El.—Elementary.

Hr.—Higher.

TABLE 3.—RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA FOR THE YEAR 1931.

			Boys.	Girls.	Total.
Children suffering from Multiple Defects			1*	..	1
BLIND (including partially blind).	(i.) Suitable for training in a School for the totally blind.	At Certified Schools for the Blind	6	2	8
		At Public Elementary Schools .....	..	..	..
		At other Institutions .....	..	..	..
		At no School or Institution	..	..	..
	(ii.) Suitable for training in a School for the partially blind.	At Certified Schools for the Blind or Partially Blind	29	29	58
		At Public Elementary Schools	4	2	6
		At other Institutions .....	..	..	..
		At no School or Institution	..	..	..
DEAF (including deaf and dumb and partially deaf).	(i.) Suitable for training in a School for the totally deaf or deaf and dumb.	At Certified Schools for the Deaf	5	6	11
		At Public Elementary Schools	1	..	1
		At other Institutions .....	..	..	..
		At no School or Institution	..	1	1

* Mentally Defective and Epileptic.

TABLE 3.—*continued.*

			Boys.	Girls.	Total.
DEAF.— <i>continued.</i>	(ii.) Suitable for training in a School for the partially deaf.	At Certified Schools for the Deaf or partially Deaf..	..	..	..
		At Public Elementary Schools	27	14	41
		At other Institutions .....	..	..	..
		At no School or Institution	..	..	..
MENTALLY DEFECTIVE.	Feeble-minded.	At Certified Schools for Mentally Defective Children	3	3	6
		At Public Elementary Schools	33	19	52
		At other Institutions .....	..	1	1
		At no School or Institution	6	1	7
	Notified to the Local Mental Deficiency Authority during the year.	Details given in text of report	4	6	10
EPILEPTICS.	Suffering from severe epilepsy.	At Certified Schools for Epileptics .....	..	..	..
		At Certified Residential Open Air Schools .....	..	..	..
		At Certified Day Open Air Schools .....	..	..	..
		At Public Elementary Schools .....	..	..	..
		At other Institutions .....	..	..	..
		At no School or Institution	3	2	5
	Suffering from epilepsy which is not severe.	At Public Elementary Schools	7	5	12
		At no School or Institution	1	1	2
PHYSICALLY DEFECTIVE.	Active pulmonary tuberculosis (including pleura and intrathoracic glands).	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	3	4	7
		At Certified Residential Open Air Schools .....	..	..	..
		At Certified Day Open Air Schools .....	..	..	..
		At Public Elementary Schools .....	..	..	..
		At other institutions	2	1	3
		At no School or Institution	2	4	6

TABLE 3.—*continued.*

			Boys.	Girls.	Total.
PHYSICALLY DEFECTIVE. (continued.)	Quiescent or arrested pulmonary tuberculosis (including pleura and intrathoracic glands).	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board .. .. .	..	..	..
		At Certified Residential Open Air Schools .....	..	..	..
		At Certified Day Open Air Schools	2	6	8
		At Public Elementary Schools	67	73	140
		At other Institutions .....	..	1	1
		At no School or Institution	4	9	13
	Tuberculosis of the peripheral glands.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	1	..	1
		At Certified Residential Open Air Schools .....	..	..	..
		At Certified Day Open Air Schools	1	2	3
		At Public Elementary Schools	61	75	136
		At other Institutions .....	..	1	1
		At no School or Institution	5	7	12
	Abdominal tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	1	..	1
		At Certified Residential Open Air Schools .....	..	..	..
		At Certified Day Open Air Schools	2	4	6
		At Public Elementary Schools	37	12	49
		At other Institutions	1	2	3
		At no School or Institution	5	3	8
	Tuberculosis of bones and joints (not including deformities due to old tuberculosis).	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board	3	3	6
		At Public Elementary Schools	24	14	38
		At other Institutions	4	5	9
		At no School or Institution	7	17	24

TABLE 3.—*continued.*

			Boys. | Girls. | Total.		
PHYSICALLY DEFECTIVE (continued)	Tuberculosis of other organs (skin, etc.)	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board .....	..	..	..
		At Public Elementary Schools	8	4	12
		At other Institutions .....	..	1	1
		At no School or Institution	3	3	6
	Delicate children <i>i.e.</i> , all children (except those included in other groups) whose general health renders it desirable that they should be specially selected for admission to an Open Air School.	At Certified Residential Cripple Schools .....	..	..	..
		At Certified Day Cripple Schools .....	..	..	..
		At Certified Residential Open Air Schools .....	..	..	..
		At Certified Day Open Air Schools	85	79	164
		At Public Elementary Schools	75	67	142
		At other Institutions .....	..	..	..
		At no School or Institution	..	..	..
	Crippled Children (other than those with active tuberculous disease) who are suffering from a degree of crippling sufficiently severe to interfere materially with a child's normal mode of life.	At Certified Hospital Schools	..	..	..
		At Certified Residential Cripple Schools	1	2	2
		At Certified Day Cripple Schools .....	..	..	..
		At Certified Residential Open Air Schools .....	..	..	..
		At Certified Day Open Air Schools .....	..	..	..
		At Public Elementary Schools	33	19	52
		At other Institutions .....	..	..	..
		At no School or Institution	..	..	..
	Children with heart disease, <i>i.e.</i> , children whose defect is so severe as to necessi- tate the pro- vision of educational facilities other than those of the public elementary school.	At Certified Hospital Schools	..	..	..
		At Certified Residential Cripple Schools .....	..	..	..
		At Certified Day Cripple Schools .....	..	..	..
		At Certified Residential Open Air Schools .....	..	..	..
		At Certified Day Open Air Schools .....	..	..	..
		At Public Elementary Schools	5	2	7
		At other Institutions .....	..	..	..
		At no School or Institution	..	..	..

**TABLE 4.—RETURN OF DEFECTS TREATED DURING THE
YEAR ENDED 31st DECEMBER, 1931.**

GROUP I.—TREATMENT OF MINOR AILMENTS.

(Excluding Uncleanliness).

ELEMENTARY SCHOOLS.

Disease or Defect.	Number of defects treated, or under treatment during the year.		
	Under the Authority's Scheme.	Otherwise.	Total.
SKIN :—			
Ringworm : Scalp	162	..	162
Body	18	..	18
Scabies	109	..	109
Impetigo	615	..	615
Other skin diseases	404	..	404
MINOR EYE DEFECTS :—			
(External and other, but excluding cases falling in Group II).	527	..	527
MINOR EAR DEFECTS	198	..	198
MISCELLANEOUS, (<i>e.g.</i> , minor injuries, bruises, sores, chilblains, etc.)	241	..	241
TOTAL	2,274	..	2,274

HIGHER SCHOOLS.

One case of deafness was treated at the School Clinic.

TABLE 4.—CONTINUED.

GROUP II.—TREATMENT OF DEFECTIVE VISION AND
SQUINT (excluding Minor Eye Defects treated as
Minor Ailments—Group I.)

Disease or Defect.	Number of Defects dealt with.							
	Under the Authority's Scheme.		Submitted to re- fraction by private practitioner or at hospital apart from the Authority's Scheme.		Other- wise.		Total.	
	El.	Hr.	El.	Hr.	El.	Hr.	El.	Hr.
Errors of refraction (including squint) ..	516	15	1	..	..	..	517	15
Other defect or disease of the eyes .....	..	..	..	..	..	..	..	..
Total	516	15	1	..	..	..	517	15

Total number of children for whom spectacles were prescribed :—

	<i>Elementary.</i>	<i>Higher.</i>
(a) Under the Authority's scheme	495	15
(b) Otherwise	1	..
Total number of children who obtained or received spectacles :—		
(a) Under the Authority's scheme	480	13
(b) Otherwise	1	..

GROUP III.—TREATMENT OF DEFECTS OF NOSE
AND THROAT.

Number of Children—	<i>Elementary.</i>	<i>Higher.</i>
(1) Received operative treatment :—		
(a) Under the Authority's scheme, in Clinic or Hospital ..	374	1
(b) By Private Practitioner or Hospital, apart from the Authority's scheme	55	2
(2) Received other forms of treatment	141	..
Total number treated ..	570	3

TABLE 4.—CONTINUED.

GROUP IV.—TREATMENT OF DENTAL DEFECTS.

ELEMENTARY SCHOOLS.

(1) Number of Children who were :—

(a) Inspected by the Dentist :—

<i>Age.</i>	<i>Routine.</i>	<i>Specials.</i>	<i>Total.</i>
3 .....	..	9	9
4	107	38	145
5	2,120	158	2,278
6	2,689	125	2,814
7	2,479	80	2,559
8	2,847	100	2,947
9	2,515	98	2,613
10	1,258	107	1,365
11	97	150	247
12	39	136	175
13	31	156	187
14	31	58	89
15 .....	..	15	15
16 .....	..	8	8
17 .....	..	5	5
Total	14,213	1,243	15,456

(b) Found by Dentist to require treatment	10,035	1,235	11,270
(c) Actually treated (by School Dentist)	3,098	1,136	4,234

(2) Half-days devoted to—

Inspection.... 159
Treatment .. 558

Total 717

TABLE 4.—CONTINUED. GROUP IV.

	<i>Routine.</i>	<i>Specials.</i>	<i>Total.</i>
(3) Attendances made by children for treatment	3,188	1,312	4,500
(4) Fillings :—Permanent teeth	595	132	727
Temporary teeth	94	13	107
(5) Extractions :—Permanent teeth ..	460	926	1,386
Temporary teeth ..	9,729	2,374	12,103
(6) Administration of general anaesthetics for extractions	33	47	80
(7) Other operations :—Permanent teeth	32	5	37
Temporary teeth	106	36	142

HIGHER SCHOOLS.

18 pupils in attendance at higher schools were specially inspected by the School Dentist and 16 were treated by him. These pupils made 25 attendances at the clinic. The treatment comprised 34 extractions (24 permanent teeth : 10 temporary), and 8 permanent fillings.

GROUP V.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

	<i>First Survey.</i>	<i>Second Survey.</i>
(i) Average number of visits per school made during the year by the School Nurses	5	5
(ii.) Total number of examinations of children in the schools by School Nurses :—		
(a) Children examined	17,097	8,981
(b) Examinations made	18,990	9,948
(iii.) No. of individual children found unclean	1,444	683
(iv.) No. of children cleansed under arrangements made by the Local Education Authority .....	..	..
(v.) No. of cases in which legal proceedings were taken :—		
(a) Under the Education Act, 1921 .....	..	..
(b) Under the School Attendance Byelaws .....	..	..

